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MANAGEMENT OF THE SMALL HOSPITAL ¹

BY EDITH M. REDWINE, R.N.

North Carolina

When I was approached by a member of the programme committee and asked to write a paper for this meeting of the association, I chose a subject about which I thought I knew a very great deal, being at that time in charge of a hospital which required all the resources at the command of the person who undertook the task of management. I still think I know my subject, but when it comes to writing down my ideas, I find the field such a comprehensive one that it is difficult to cover it in one short paper. It is my aim, however, to deal mainly with the physical side of the subject, though I am sure you will pardon any digression since the other side is especially dear to my heart.

The term "small hospital" is used advisedly—those with a capacity of one hundred beds and less are usually referred to as such. In the management of any hospital, be it large or small, the main factors are best expressed by organization and coöperation. In planning a system of efficiency, however, it is well to bear in mind the fact that there is danger of losing sight of the real reason for the hospital's existence. In maintaining the system, we do not wish to be as the hospital (of which you no doubt have heard) where an efficiency expert had installed a new system. Some time later, meeting the superintendent, he asked how the system was working. "Finely," she replied. "Do you find that the hospital is doing any better?" he asked. "Oh," the superintendent replied, "we closed the hospital several months ago in order that we might have time to work the system."

In every well-organized institution there is one head, in the small hospital this official is usually a woman and a trained nurse. No matter under what title she asserts her authority, superintendent, business manager or matron, she is the official representative of the board of managers, trustees, or other governing body of the hospital, in all matters pertaining to the management of the institution, and as such she should have their hearty coöperation and confidence if she is to do her best work. Too often the superintendent of the small hospital is working day and night (and alone) putting forth Herculean efforts, trying to perform tasks beyond the powers of one woman to accomplish, and because of this, in her zeal and loyalty, she is often misunderstood in the frantic attempt she makes to keep things going and to hold the different departments of the hospital together. Between the managers, staff, and superintendent there must be the utmost loyalty. Lucky indeed is the woman who can feel that her board is backing

¹ Read at a meeting of the North Carolina State Nurses' Association.

her in her undertakings, holding up her hands, so to speak, and whose staff realizes that she is an ordinary human being with two hands, two feet, an average brain, a big heart and the power to be in only one place at a time, who is not looked upon as a piece of machinery run by electricity, to jump here, there, everywhere at each pressure of the button.

As a rule, I think, hospital superintendents are extremely conscientious, and are working for the best interests of their institutions, and though mistakes may occur, they are not intentional. Criticism is welcomed, provided it is given in the right spirit. It is little short of cruelty to animals to have insinuations thrust upon you, which, when investigated, do not amount to a row of pins, but which have caused you a lot of needless worry. A tiny bit of encouragement keeps one happy for days.

The number of other officials in the hospital will depend upon the size and arrangement of the institution. To my mind, each department should have a graduate head. If the building comprises two or more wings, then each wing should have a graduate nurse in charge, with a senior pupil on each floor. The operating room and diet kitchen should by all means be in charge of graduate supervisors, and if possible there should be a night supervisor, though this part of the work is often managed by the graduate head nurses who alternate duty, being on during the heavy work in the early part of the night and subject to call afterward. With a senior pupil on duty as charge nurse, this works fairly well.

Of course the office should be in charge of a competent, courteous person, whose duties in the small hospital are many and varied: answering the telephone, admitting patients, collecting bills, keeping the books and answering to the official title of bookkeeper. And now do I hear someone say, "And pray, what is the superintendent going to do?" Never fear, if she is the right sort of a woman she will find plenty to do. Above all, she must have time to think and plan; in other words, to marshall her forces, and this she cannot do if she attempts to do the work of three or four people. Of course, I am now considering the busy, small hospital, with an average of fifty to sixty patients, a number of operations daily, one which does its full share of emergency work.

One of the greatest assets to the small hospital is a sufficient number of pupil nurses, with a few to spare, provided they can be cared for comfortably. Too many of our small hospitals try to economize in the nursing department, with the result that they turn out dissatisfied patients and broken-down, discouraged nurses. Such hospitals claim that many nurses make idle time, and that there is always mischief for idle hands to do. I'll give the devil his due, but in the well-regulated hospital there is always something to be done by those who look for it, and they will look for it if properly managed. Plenty of good, healthy, happy nurses go to make satisfied patients, and this is what every hospital must have in order to be

a success. In the teaching of nurses, how often it devolves upon the superintendent and her helpers to teach the fundamental principles, in otherwise good material, of manners, personal habits, housekeeping. This being the case, where is there a better place to begin than at the front door of the hospital? Then carry them on through all the different departments, making of them thoroughly trained, competent women, remembering all the time that the hospital is an educational institution and not the work shop of former years.

One of the most overlooked features in the small hospital is the front entrance. Too often it is left to the superintendent, the bookkeeper, the nurse on the floor, or to any one who chances to hear the bell ring or finds the visitor wandering in the hall, to look after this important feature. "Everybody's business is nobody's business," you know. The usual excuse is offered, "The nurses are too busy." "We cannot afford someone especially for the purpose." Visitors and patients come, and go away dissatisfied; the public becomes offended and the hospital becomes a target for criticism.

I have never tried the following plan, because I have never had the good fortune to have enough nurses, but it seems to me that it might work well. If a probationer were placed in charge of the front entrance, whose sole duty should be to look after visitors, showing them every courtesy, it might solve one problem for the hospital which cannot afford a trained person for the place. In this way the probationer learns how to meet the public, she learns how to handle people, and being under constant observation of the superintendent, an insight is obtained of her real character, before she enters upon the larger work of caring for the sick. If the general office is near the front entrance, as it usually is, this probationer might be employed between times in getting a general knowledge of the office work, under the supervision of the bookkeeper. It is surprising to know how few people can answer a telephone properly, or take and deliver a message in the way it should be done.

Where one is so fortunate as to have a graduate dietitian, the house-keeping is usually divided, the dietitian taking charge of the kitchens, dining room and laundry, including the oversight of the servants in these departments. She also does her own buying. To her should be assigned two nurses, so that there shall always be one on duty who is familiar with the work; the term of service is usually two months, though this rule should be flexible for many reasons. Here, where we have the big expense sheet of the hospital, it is important that we have systematic management.

As a rule, dietitians are not practical when it comes to the detail work, but if one is open to reason and is willing to listen to suggestions, she may become very valuable to the institution, and in choosing her, the superintendent will look for these characteristics. A dietitian should have theoretical knowledge, but she should also understand plain, every-day cooking,

for the nurses and employees, in order to work well, must have good food. It is just as easy and costs no more, provided a little foresight and good judgment are exercised, to see that our nurses have plain, substantial and nourishing food, in the right combination. The superintendent does the housekeeping in the hospital proper, doing the buying for this and the nurses' home. In the buying of medical and surgical supplies, she, of course, is guided by the needs of the nurses in charge of these departments.

I find it a good plan to keep a book in which I put down each article purchased, with date of order and date of receipt. In this way I am able to keep up the supplies and can judge pretty well as to the amount which should be used in a given time.

In regard to the linen, another big item of expense, I have adopted the following plan which has worked well. A probationer is put in charge; term of service, one to two months, according to capability shown. It is her duty to count the laundry in and out, mend that which is worth it and take to the superintendent, to be discarded or made over into other things, all linen which is too dilapidated to be mended. I try to keep a supply of new linen in the store room so that each discarded piece may be replaced immediately. This keeps the supply always the same, and one can tell at a glance just how much linen is on hand. Each department has its own linen designated by kind and color: blue bordered towels and marseilles spreads for the nurses' home; plain white for private patients; red bordered for wards; plain white linen crash towels for operating room, and so on. This simplifies the counting of linen, as with the exception of sheets and pillow cases, the nurse can tell at a glance just where each piece belongs. This same probationer distributes the linen to the wards and other departments, having first received a written requisition signed by the nurse in charge and by the superintendent. (These requisitions, by the way, should be issued from all departments, and nothing should be sent to the wards from any department without a requisition properly signed.) These are best issued on printed forms, as this saves time, but in the absence of such, should be written out by the nurse and should have the date, number of patients, amount asked for, amount sent out, and amount received. This method, you see, enables the superintendent to keep track of things. The linen nurse has charge, also, of the nurses' home, seeing that beds are changed at stated intervals, distributing towels, soap, and other necessities, directing and assisting the maid when any special cleaning is to be done. She knows when new linen is purchased and its cost. Each Saturday night a written report is placed on the superintendent's desk, stating the amount of linen torn or lost in the laundry. In this way the probationer is given a practical lesson in economics, and the work is accomplished without the employment of an outside agency. One rarely finds a nurse who has had

charge of this department who cannot work to much better advantage and who does not understand true economy.

I manage the drug department and store room supplies in much the same way, though this time a senior nurse is placed in charge. She sees to the daily distribution of drugs, fills such prescriptions as she may, makes the ward solutions, gives out weekly supplies, and reports to headquarters any waste or undue usage of drugs in her charge. A want book is kept in which is placed daily a list of drugs and supplies of which the stock is low, with special mention of those needed at once. To her are taken all broken and worn out articles to be replaced. Of these she keeps a record, with dates. (The nurses are required to report and pay for breakage.) She knows the cost of the drugs, keeps up with the rise and fall in prices, knows when it is best to buy in quantity or in small lots, learns when to buy and when not to buy. For instance, at the beginning of the European War when there was a decided advance in the price of rubber goods, some hospitals I know of bought up a year's supply. We bought for only six months, figuring that it would deteriorate on the shelves after that time, but we did buy carbolic acid, and there never was a time when we did not have a goodly supply. The reason for doing this was explained to the nurses in the class room. The drug room nurse also has charge of the urinalysis room. In this manner the work is again accomplished without the aid of a pharmacist, and the nurse gets practical lessons in the handling and administration of drugs, in urinalysis and in hospital economics.

The other departments of the hospital are managed in much the same way. In the nurses' home, the senior of each dormitory is made responsible mentally, morally and physically for the nurses rooming with her. She sees that each nurse exercises proper hygienic care; that she is in her room on time; and that lights go out promptly. She reports or sees that the nurse reports at once any illness, such as the usual hospital sore throats, etc. A written report for the week is placed on the superintendent's desk every Sunday morning.

Just a word relative to the religious side of the hospital. There is no better way to begin a hard day's work than by reading a few verses from God's Word, and at least repeating the Lord's Prayer. I find that the best way to accomplish this is to have the nurses report at breakfast five minutes early and answer to roll call with scripture verses, (sometimes a lesson is chosen and each nurse takes a verse in turn), then all repeat the Lord's Prayer.

Since some small hospitals cannot afford a graduate head for each department, it behooves us to impress upon our nurses and employees the necessity of coöperation. Make them feel that the success of the institution depends largely upon the ability which they show in handling that part of the work which is assigned to them.

Above all, superintendents must be alert and wide-awake; they must keep in touch with each department through personal supervision and written reports from those in charge; they must gain the confidence of their helpers and let them feel that they can come to them with their problems and meet with cheerful and ready response. Our work is a great and responsible one. It is not enough that we satisfy an ignorant public, or employers who do not care, so long as the revenue derived is satisfactory; our conscience should be our guide.

To you who now have charge of hospitals, and to you young nurses who in the future expect to have, let me say that these problems are distinctly "up to you," and when you realize this fact it will be one forward step toward the standardization of hospitals and training schools.

THE BIRTHDAY OF A CHILD

BY LOUELLA PURCELL, R.N.

St. Louis, Missouri

Who was the Christ Child, Mother,
And why was he born so low?
Why did he lie in a manger
Where only the horses go?

The child of a King you told me,
Then why on that cold, cold night
Was he born in a lowly manger,
With only the stars for light?

The little eyes were anxious
And the brow was troubled, too,
As he asked me to tell the story,
So old, yet ever new.

The story of why our Saviour
Came down in that humble way,
A frail little babe in a manger,
One long ago Christmas Day.

He listened and learned of the Christ Child,
A baby so meek and mild,
Of why we sing praises on Christmas,
The birthday of one little child.